

## DEPARTMENT OF AGING

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# PROGRAM MEMO

TO: <b>Area Agencies on Aging (AAA)</b>	NO.: <b>PM 02-16 (P)</b>
SUBJECT: <b>Fiscal Year (FY) 2001/02 Title III/VII, Title V, Title III E, and Community-Based Services Programs (CBSP) Closeout Process</b>	DATE ISSUED: July 23, 2002
REVISED:	EXPIRES: Until Superseded
REFERENCES: <b>PM 97-08 (P), PM 98-11 (P), PM 99-25 (P), PM 00-19 (P), and PM 01-13 (P)</b>	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input checked="" type="checkbox"/> Title III-B <input checked="" type="checkbox"/> Title III-C1/C2 <input checked="" type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input checked="" type="checkbox"/> Title V <input checked="" type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input checked="" type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <b><u>Annual Reporting Requirements</u></b>	
INQUIRIES SHOULD BE DIRECTED TO: <b>Assigned AAA-Based Team</b>	

The purpose of this Program Memorandum (PM) is to transmit master copies and instructions for completing the revised Title III/VII Financial Closeout Report (CDA 180), the new Title III E Financial Closeout Report (CDA 270), the revised Title V Financial Closeout Report (CDA 90), and to remind AAAs of the due dates for submitting the following closeout reports for FY 2001/02:

Program	Form #	Due Date	Original Signature
Title III/VII	CDA 180	August 30, 2002	2
Title III E	CDA 270	August 30, 2002	2
Title V	CDA 90	August 31, 2002	2
CBSP	CDA 246	September 1, 2002	2

All Closeouts must be received by the due date to allow sufficient time for review and approval.

## Title III/VII Financial Closeout Report (CDA 180)

The CDA 180 format has changed to incorporate the Older Americans Act Amendments of 2000 and the revisions to the Area Plan Budget (CDA 122).

Expenditures reported on the CDA 180 will be used to calculate unearned federal funds and determine possible funding available for One-Time-Only (OTO) allocations. The OTO calculations will be completed by September 27, 2002. CDA 180s submitted after the due date may be closed out as fully expended. This may result in a loss of federal OTO funds.



A Revised CDA 180 may be submitted by **Monday, December 2, 2002**. AAAs may adjust accruals previously reported; however, the reporting of additional federal or State expenditures will not be allowed.

### **USDA**

CDA has received guidance from USDA on the final disbursement of funds from USDA for Federal FY 2001. The amount of available funds and new flexibility in disbursement of these funds, allows CDA to reimburse AAAs for all USDA eligible meals provided from July 1, 2001 through June 30, 2002. This includes any additional meals served by Elderly Nutrition Program providers that were not previously reported during the original 90-day reconciliation periods. In the CDA 180, AAAs should report all USDA eligible meals that were served during July 1, 2001 through June 30, 2002.

To receive reimbursement for any additional eligible meals served but not previously reported to CDA during FY 2001/02, the AAA must send a corrected SPR 107 file for each effected month. In addition, CDA will be developing a form for AAAs to certify adjusted meal counts. This form will be sent to AAAs under separate cover.

### **Title III E Financial Closeout Report (CDA 270)**

The CDA 270 is a new form for FY 2001/02. The figures reported on the CDA 270 will be used to record revenues and expenditures, calculate unearned federal funds, verify local match funds, and determine possible Title III E funding available for OTO allocations.

### **Title V Financial Closeout Report (CDA 90)**

The CDA 90 has been revised to incorporate the cost allocation principals of Older Worker Bulletin 97-26. The CDA 90, page 7, identifies funds owed to CDA or due to the AAA. These figures will be verified during the closeout review process. A Grant Closeout Statement (CDA 30) will be prepared and forwarded to each AAA after completion of the review. Funds due to the AAA will be processed by CDA following approval of the CDA 90. An invoice will be sent to AAAs if funds are owed to CDA. **Do not submit a check with the CDA 90.**

For AAAs administering regular or competitive 502(e) experimental projects, a **separate CDA 90** must be completed reflecting 502(e) expenditures only, and submitted with a second CDA 90 reflecting expenditures for the total grant award. AAAs that received funding for competitive 502(e) projects have been granted an extension until October 31, 2002 to submit the required CDA 90s.

AAAs are responsible for furnishing providers with a copy of the CDA 90 package. Providers must submit their completed closeout to the AAA prior to the AAA's submission to CDA.

### **CBSP Financial Closeout Report (CDA 246)**

The CDA 246 expenditures will be used to calculate unearned State funds for all programs and to calculate unearned federal Health Insurance Counseling and Advocacy Program (HICAP) funds. Master copies of the CDA 246 were transmitted with PM 01-13 (P) and should be used to report expenditures for FY 2001/02.

Unspent FY 2001/02 HICAP federal funds will be re-allocated to the originating AAA on an amended FY 2002/03 CBSP Planning Estimate. **At the bottom of page 1 of the CDA 246, please identify the total amount of M+C Supplemental funds spent during FY 2001/02.**

**Report of Property Furnished/Purchased with Agreement Funds (CDA 32)**

AAAs shall submit annually (with the Financial Closeout Reports) a current inventory of property furnished or purchased by the AAA with funds awarded under the Standard Agreements. AAAs shall use the CDA 32 to report all property furnished/purchased with agreement funds.

**General Instructions**

All Financial Closeout Reports and Property Lists should be addressed to your respective AAA-Based Team and sent to:

California Department of Aging  
1600 K Street  
Sacramento, California 95814

Signed copies of the completed closeout reports must be submitted by the required due dates. Computer files for each of the reports listed above will be e-mailed to all AAA Fiscal Officers simultaneous with the distribution of this PM. To expedite processing, the closeout reports may be e-mailed as attachments to your assigned AAA-Based Team Fiscal Specialist.

All Financial Closeout Reports must be accurate, complete, and timely. These reports are subject to review by CDA's Audit Branch and will be kept on file at CDA until an audit has been completed and resolved.

**Original Signed by Lynda Terry**

Lynda Terry  
Director

Attachments

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM  
SCSEP FEDERAL AND STATE GRANT  
FINANCIAL CLOSEOUT REPORT  
FISCAL YEAR \_\_\_\_\_**

Grantee Agency: \_\_\_\_\_

Subgrantee Agency: \_\_\_\_\_

Contract Number: \_\_\_\_\_ TV-\_\_\_\_\_

Number of Authorized Enrollee Positions: \_\_\_\_\_

Number of Enrollee Positions Filled (End of 4th Quarter.): \_\_\_\_\_

Number of Temp. Positions Filled (End of 4th Quarter.): \_\_\_\_\_

I hereby certify to the best of my knowledge and belief that the attached SCSEP Financial Closeout Report for the above numbered grant is accurate, complete, and current, and discloses the financial results of each project or program funded by Older Americans Act and State General Fund SCSEP Funds .

\_\_\_\_\_  
Signature of Authorized Person (Use Black Ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name of Authorized Person

**NOTE: THREE COPIES OF THE FINANCIAL CLOSEOUT REPORT WITH ORIGINAL SIGNATURES MUST BE RECEIVED AT THE DEPARTMENT NO LATER THAN 5 P.M., AUGUST 31<sup>st</sup>, OF THE CURRENT FISCAL YEAR OR OCTOBER 31<sup>st</sup> (WHICHEVER IS APPROPRIATE).**

## GENERAL INSTRUCTIONS

1. Enter contract number on each of the following pages in the space provided in the upper left-hand corner.
2. Enter expenditures (federal, State, and match) for each cost category (Administration, 8% maximum federal), (Enrollee Wages and Fringe Benefits, 79% minimum federal and 100% minimum State) and (Other Enrollee Costs) in the appropriate expenditure column. A 10% match is required for federal funds.
3. Add each expenditure column (vertical/horizontal), cross check and enter totals.
4. Enter total expenditures for all cost categories in the appropriate column on the last line.

### NOTE:

1. The following acronyms are used throughout this document: ADMIN = Administration; EW & FB = Enrollee Wages and Fringe Benefits; and OEC = Other Enrollee Costs.
2. Administration - "Personnel/Fringe Benefits" and Other Enrollee Costs - "Personnel/Fringe Benefits" must agree with Schedule A (page 4).
3. Administration - "Equipment" and Other Enrollee Costs - "Equipment" must agree with Schedule B (page 5).
4. Administration - "Miscellaneous Costs" and Other Enrollee Costs - "Miscellaneous Costs" must agree with Schedule C (page 6).
5. Type, print and/or sign cover page and page eight with **BLACK INK**.

## EXPENDITURE SUMMARY

Contract #TV-\_\_\_\_\_

<b>COST CATEGORIES</b>	<b>FEDERAL EXPENDITURES</b>	<b>STATE EXPENDITURES</b>	<b>LOCAL MATCH (CASH)</b>	<b>LOCAL MATCH (IN-KIND)</b>	<b>TOTAL</b>
------------------------	-----------------------------	---------------------------	---------------------------	------------------------------	--------------

<b>ADMINISTRATION – (Federal Maximum 8%)</b>					
PERSONNEL/FRINGE					*
TRAVEL					
EQUIPMENT					*
SUPPLIES					
MISC. COSTS					*
INDIRECT					
<b>TOTAL ADMINISTRATION</b>					

<b>ENROLLEE WAGES &amp; FRINGE BENEFITS – (Federal Minimum 79%) (State Minimum 100%)</b>					
ENROLLEE WAGES					
FRINGE BENEFITS					
PHYSICALS					
<b>TOTAL EW &amp; FB</b>					

<b>OTHER ENROLLEE COSTS</b>					
PERSONNEL/FRINGE					*
TRAVEL					
TRANSPORTATION					
EQUIPMENT					*
SUPPLIES					
MISCELLANEOUS COSTS					*
<b>TOTAL OEC</b>					

<b>TOTAL EXPENDITURES</b>					
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\* ENTRY MUST AGREE WITH TOTAL AMT. SPECIFIED IN THE APPROPRIATE SCHEDULES ON PAGES 4-6

**EXPENDITURE SCHEDULES  
SCHEDULE A – PERSONNEL**

Contract #TV-\_\_\_\_\_

JOB TITLE	NUMBER POSITIONS	AGENCY CODE A, C, OR H	AMOUNT
-----------	---------------------	------------------------------	--------

ADMINISTRATION			
<b>TOTAL ADMINISTRATION</b>			*

OTHER ENROLLEE COSTS			
ORIENTATION			
ASSESSMENT			
TRAINING			
SUPPORTIVE SERVICES			
JOB DEVELOPMENT			
<b>OTHER ENROLLEE COSTS TOTAL</b>			*

**ADMINISTRATION/OTHER ENROLLEE COSTS – INSTRUCTIONS:**

1. List all SCSEP administrative personnel funded with federal and non-federal funds by job title.
2. Enter number of positions in the same class for each job title.
3. Use the following codes to indicate where positions are located:  
A = Area Agency; C = Contractor; and H = Host Agency.
4. Enter total salary/fringe benefits expended for each class of positions.
5. Add each column (vertical/horizontal), crosscheck and enter totals.
- \*6. Ensure total line entry in the Amount Column agrees with personnel/fringe line entry in the Total Column for Administration or Other Enrollee Cost categories on page 3.



## EXPENDITURE SCHEDULES SCHEDULE B - EQUIPMENT PURCHASE

Contract # TV-\_\_\_\_\_

ITEM	MFG.	MODEL	ID OR SERIAL NUMBER	COST	FED %
------	------	-------	---------------------------	------	----------

ADMINISTRATION					
<b>ADMINISTRATION TOTAL</b>					*

OTHER ENROLLEE COSTS					
<b>OTHER ENROLLEE COSTS TOTAL</b>					*

### ADMINISTRATION/OTHER ENROLLEE COSTS – INSTRUCTIONS:

1. List all equipment purchased during the grant year with federal and non-federal funds. Attach a list of equipment purchased with SCSEP funds during years prior to the current fiscal year. Do not include costs of prior year purchases on this form.
2. List manufacturer, model, ID or serial number, cost, and the percentage of the purchase price paid with federal funds for each equipment purchase listed.
3. Add cost column and enter total.
- \*4. Ensure the total line entry in the cost column agrees with equipment line item entry in the total column for the Administration or Other Enrollee Cost categories on page 3.

**EXPENDITURE SCHEDULES  
SCHEDULE C - MISCELLANEOUS COSTS**

Contract # TV-\_\_\_\_\_

LINE ITEM	AREA AGENCY	CONTRACTOR	TOTAL
-----------	-------------	------------	-------

ADMINISTRATION			
<b>ADMINISTRATION TOTAL</b>			*

OTHER ENROLLEE COSTS			
ORIENTATION			
ASSESSMENT			
TRAINING			
SUPPORTIVE SERVICES			
JOB DEVELOPMENT			
OTHER (LIST)			
OTHER (LIST)			
<b>OTHER ENROLLEE COSTS TOTAL</b>			*

**ADMINISTRATION/OTHER ENROLLEE COSTS – INSTRUCTIONS:**

1. This schedule is for federal and non-federal expenses other than personnel/fringe benefits.
2. List federal and non-federal costs not identified in the budget as a line item.
3. Enter dollar amount charged to either the Area Agency/Contractor or both.
4. Add each cost category (vertical/horizontal), crosscheck and enter amounts in total columns.
- \*5. Ensure the total line entry in the total column agrees with the miscellaneous cost line item entry in the total column for the Administration or Other Enrollee Costs categories on page 3.

## FINANCIAL CLOSEOUT SUMMARY

Contract # TV-\_\_\_\_\_

ITEM	ADMINISTRATION	EW & FB	OEC	TOTAL
1. TOTAL EXPENDITURES (FEDERAL, STATE, AND MATCH)				
2. FEDERAL GRANT AWARD				
3. FEDERAL EXPENDITURES				
4. TOTAL FEDERAL ADVANCES				
5. UNEXPENDED FEDERAL FUNDS				
6. FEDERAL AMOUNT DUE SUBGRANTEE				
7. STATE GRANT AWARD				
8. STATE EXPENDITURES				
9. TOTAL STATE ADVANCES				
10. UNEXPENDED STATE FUNDS				
11. STATE AMOUNT DUE SUBGRANTEE				

### CLOSEOUT SUMMARY- INSTRUCTIONS:

1. Enter on line 1, the Total Expenditures (federal, State, and match) for Admin, EW & FB, OEC, and the Total column. These amounts must agree with totals for each expenditure category shown on page 3.
2. Enter on line 2, the SCSEP Federal Grant Award as budgeted (CDA 35) in the last approved revision for each expenditure category. The total for line 2 must equal the total SCSEP Federal Grant Award for the appropriate fiscal year.
3. Enter on line 3, the totals for each expenditure category as stated on page 3, in the Federal Expenditures column. The total on Line 3 cannot exceed the total on line 2.
4. Enter on line 4, the Total Federal Advances. This information may be calculated from the Monthly Expenditure Report/Request for Funds (CDA 29) submitted during the appropriate fiscal year.
5. Totals for lines 2, 3, and 4 cannot exceed approved budget amounts.
6. If line 4 is greater than line 3, subtract line 3 from line 4 and enter the difference on line 5.
7. If line 4 is less than line 3, subtract line 4 from line 3 and enter the difference on line 6.
8. Enter on line 7, the SCSEP State Grant Award as budgeted (CDA 35) in the last approved revision for the EW & FB expenditure category. The total for line 7 must equal the total SCSEP State Grant Award for the appropriate fiscal year.
9. Enter on line 8, the totals for each expenditure category as stated on page 3, in the State Expenditures column. The total on Line 8 cannot exceed the total on line 7.
10. Enter on line 9, the Total State Advances. This information may be calculated from the CDA 29 submitted during the appropriate fiscal year.
11. Totals for lines 7, 8, and 9 cannot exceed approved budget amounts.

12. If line 9 is greater than line 8, subtract line 8 from line 9 and enter the difference on line 10.
13. If line 9 is less than line 8, subtract line 9 from line 8 and enter the difference on line 11.

## MATCHING REQUIREMENTS

Contract # TV-\_\_\_\_\_

ITEM	ADMINISTRATION	EW & FB	OEC	TOTAL
12. TOTAL EXPENDITURES (FEDERAL AND NON-FEDERAL)				
13. FEDERAL EXPENDITURES				
14. STATE EXPENDITURES				
15. MATCH				

### MATCHING REQUIREMENTS – INSTRUCTIONS:

1. Enter total expenditures (federal, State, and match) from page 7, line 1, on line 12 above.
2. Enter federal expenditures from page 7, line 3, on line 13 above.
3. Enter State expenditures from page 7, line 8, on line 14 above. Match does not have to be shown for each cost category.
4. Subtract line 13 and 14 from line 12 and enter this amount on line 15. Line 15, total column, must be a 10% match for your federal grant award.

### BUDGET EXPENDITURE COMPARISON

ITEM	ADMINISTRATION	EW & FB	OEC	TOTAL
16. TOTAL FEDERAL BUDGET AMOUNT (Last Approved Budget Revision)				
17. TOTAL FEDERAL EXPENDITURES				
18. FED (OVER)/UNDER				
19. TOTAL STATE BUDGET AMOUNT (Last Approved Budget Revision)				
20. TOTAL STATE EXPENDITURES				
21. STATE (OVER)/UNDER				

### BUDGET EXPENDITURE COMPARISON – INSTRUCTIONS:

1. Enter on line 16, total federal amount budgeted in last approved budget (CDA 35) for Admin, EW & FB, OEC, and Total Grant Award. Line 16 should be the same as page 7, line 2.
2. Enter on line 17, total federal expenditures from page 7, line 3, for each cost category and the total column.
3. Subtract line 17 from line 16 and enter on line 18. Indicate over expenditure with parentheses.
4. Enter on line 19, total State amount budgeted in last approved budget (CDA 35) for Admin, EW & FB, OEC, and Total Grant Award. Line 19 should be the same as page 7, line 7.
5. Enter on line 20, total State expenditures from page 7, line 8, for EW & FB and the total column.
6. Subtract line 20 from line 19 and enter on line 21. Indicate over expenditure with parentheses.
7. The Department may disallow all expenditures, which are over or under the last approved budget revision amount for each cost category by more than ten percent.

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Title of Reviewer

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Date

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Title of Preparer

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Date

Title III/VII Financial Closeout Report

AREA AGENCY ON AGING\_\_\_\_\_

GRANT PERIOD\_\_\_\_\_

<input type="checkbox"/>	ORIGINAL CLOSEOUT	PSA NO.:_____
<input type="checkbox"/>	REVISION NUMBER:_____	DATE:_____

I hereby certify to the best of my knowledge and belief that the attached Financial Closeout Report (CDA 180) is accurate, current, and discloses the financial results of each project or program funded by this area agency with Older Americans Act Title III/VII funds.

SIGNATURE OF AREA AGENCY DIRECTOR	PRINTED NAME	DATE
>_____	_____	_____
FOR STATE USE ONLY		
AAA-BASED TEAM SPECIALIST	DATE	TEAM COACH
>_____	_____	_____





**INSTRUCTIONS TO COMPLETE THE FINANCIAL CLOSEOUT REPORT  
(CDA 180) rev 7/02**

**PAGE 1 – SUMMARY REPORT OF ACTUAL COSTS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

**COST CATEGORIES**

The lines in this section list the allowable cost categories and correspond with the Area Plan Budget.

**Lines 1 through 8**

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, and any Supportive Services, Congregate Nutrition, Home Delivered Nutrition, Disease Prevention (III D), Title VII Ombudsman, and Title VII Elder Abuse Prevention.

**Line 9**

Enter the amount of indirect costs allocated to each column. Indirect costs are limited to 8% of Total Direct Area Agency cash costs. Indirect costs must be supported by an approved indirect cost rate. Indirect costs in excess of 8% may be reported as in-kind and used to meet the matching requirements.

**Line 10**

Add the amounts on Line 8 to the amounts on Line 9 and enter the Total Direct and Indirect Area Agency Costs, separating cash from in-kind.

**Line 11**

Enter the total costs of contracted services. The amounts reported for Supportive Services, Congregate Nutrition, Home Delivered Nutrition, Disease Prevention (III D), Title VII Ombudsman, and Title VII Elder Abuse Prevention must agree with the amounts reported on Pages 5, 8, 9, and 10 of the closeout form.

**Line 12**

Add the amounts on Line 10 to the amounts on Line 11 and enter the Total Direct, Indirect and Contracted Costs, separating cash from in-kind.

**Line 13**

Add the Cash and In-Kind amounts reported on Line 12, and enter the Total Cash & In-Kind for each of the columns (a) through (h).

## **PAGE 2 - ACTUAL FUNDING & MATCHING CONTRIBUTIONS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and PSA number.

### **SECTION A - FUNDING SOURCES**

The lines in this section list the allowable sources of funding which may be used to cover the actual costs on Page 1. The columns provide space to enter the distribution of funds to Area Plan Administration, Supportive Services, Congregate Nutrition, Home Delivered Nutrition, Disease Prevention (III D), Title VII Ombudsman, and Title VII Elder Abuse Prevention.

#### **Line 1**

Enter on this line in the appropriate column the amount of income generated by Title III & VII programs, e.g., contributions from clients and sales of assets. Do not include interest earned on grant funds.

#### **Line 2**

Enter the amount of USDA Cash earned for eligible meals served. Include in this amount all USDA funds earned even if they have not yet been received.

#### **Line 3**

Enter on this line in the appropriate column local funding received that does not qualify as matching contributions and/or is not being reported as matching contributions (e.g., Title V, Title XX, overmatch). Include interest earned on grant funds.

#### **Line 4**

Enter on this line in the appropriate column the amount of State funding received from General Funds during the fiscal year.

#### **Line 5**

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant related income.

#### **Line 6**

Enter on this line in the appropriate column the amount of Federal funds received. Include cash and unearned funds from prior years being applied to this fiscal year.

#### **Line 7**

Add the amounts on Lines 1 through 6 and enter on this line in the appropriate column the total cash and the total in-kind funding received.

**Line 8**

Enter on this line the sum total of all cash and in-kind funding received for each of the columns (a) through (h).

## SECTION B - MATCHING REQUIREMENTS

In this section, calculate the minimum matching requirements for Area Plan Administration and Title III programs.

### Line 1

For columns (a) and (b) – See COSTS TO BE MATCHED INSTRUCTIONS on Page 2, SECTION B of the CDA 180. Add Line 1 across and enter the Total in column (c).

### Line 3

For columns (a) & (b) multiply Line 1 times Line 2. Add Line 3 across and enter the Total in column (c).

### Line 4

Multiply the Total on Line 3 by 25%. This is the minimum amount of local match that must be provided by local public agencies, e.g., city and county governments, utility districts, transportation districts and other public agencies. Private Non-Profit agencies do not meet this requirement.

## SECTION C - AREA PLAN ADMINISTRATION

List the agencies contributing matching funds to the Area Agency for it's own administration. Provide a breakdown between Cash and In-Kind.

## SECTION D - LOCAL PUBLIC AGENCIES

In the space provided, list the public agencies contributing matching funds to satisfy the requirement in Section A above. Provide a breakdown between Cash and In-Kind. List public agencies providing funding to the Area Agency and/or any service providers.

## PAGE 3 - ADEQUATE PROPORTION, USDA & TRANSFERS

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

## SECTION A - ADEQUATE PROPORTION CALCULATION

In this section report the percentages of Title III B Supportive Services funds expended on priority services. Priority services are Access (Information & Assistance, Case Management, Assisted Transportation, Transportation and Outreach), In-Home (Personal Care, Homemaker, Chore, Visiting, In-Home Respite, Alzheimer's Day Care and Minor Home Modification), and Legal Assistance. **One-Time-Only funding should not be included in this calculation.** To calculate the % of Base for Access divide Line 10, Actual Federal Share by the amount on Line 4. To calculate the % of Base for In-Home divide Line 18, Actual Federal Share by the amount on Line 4. To calculate the % of Base

for Legal Assistance divide Line 19, Actual Federal Share by the amount on Line 4. Enter the approved percentages from the Area Plan.

## **SECTION B - AREA PLAN ADMINISTRATION (FEDERAL SHARE)**

Enter the grant amounts from the Budget Display on Lines 20, 21, and 22 in the Final Budget Display column. Enter the federal share of administrative costs from Page 12 of the closeout. Calculate the difference between the two. The federal share of administrative costs cannot exceed the Final Budget Display amount. Area Agencies not expending the full amount allotted for Administration on the Final Budget Display may not charge Program Development and Coordination costs to Title III B Supportive Services.

## **SECTION C – USDA ENTITLEMENT**

Complete this section by entering the number of Senior Meals Served, the appropriate reimbursement rates, and calculate the total entitlement. Enter the amount of One-Time-Only USDA expended (if applicable) on Line 25.

## **PAGE 4 - SCHEDULE OF SUPPORTIVE SERVICES**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

### **PART I – DIRECT SERVICES**

List the Supportive Services provided directly by the Area Agency and the costs and funding for each service listed. Do not include Title VII Ombudsman or Title VII Elder Abuse Prevention. Program Development and Coordination are listed for you.

#### **Column (a)**

Enter total actual costs for each program provided.

#### **Columns (b) through (g)**

Enter the actual funding received as appropriate for each program provided.

#### **Column (h)**

Calculate the Federal Share by subtracting columns (b) through (g) from column (a).

#### **Total Direct Services**

Add the total programs amounts to the total PD & C amounts and enter on this line in the appropriate column.

### **PART II – CONTRACTED SERVICES**

Complete this part for all Title III B programs the Area Agency contracted out. Instructions for each column are the same as Part I.

**Total Contracted Services**

Enter on this line the totals for Contracted Services.

**Total Supportive Services**

Enter the total of Direct and Contracted Supportive Services in the appropriate column. The amount in column (a) must be equal to the amount on Page 1 column (c) Line 13.

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## **PAGE 5 - SCHEDULE OF CONTRACTED SUPPORTIVE SERVICES**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

This Page provides detailed information on individual service providers. Supportive Services contractors and contract numbers should be listed in the far left section of the Page. Columns (a) through (h) correspond with columns (a) through (h) on Page 4. The Total line on Page 5 should agree with the Total Contracted Services line on Page 4.

## **PAGE 6 SCHEDULE OF NUTRITION SERVICES COSTS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

This Page should be used to close out all congregate nutrition and home delivered nutrition programs (direct and contracted).

### **SECTION A – CONGREGATE NUTRITION**

#### **COST CATEGORIES**

The lines in this section list the allowable cost categories for reporting actual costs for Congregate Nutrition. The columns separate the actual costs by Activity (Meals, Program Management and Other) and by Cash and In-Kind. Cash costs must be reported separately from In-Kind costs for each line item.

Report the actual costs for all Congregate Nutrition services (direct and contracted) provided by the Area Agency and/or the service providers.

#### **Column (a) Actual Costs**

Enter actual costs for each cost category.

#### **Columns (b) through (g)**

Enter actual Cash and In-Kind costs for Meals Activity, Program Management, and Other Nutrition Services. The totals of these columns must equal totals in column (a).

#### **Line 10 Total Costs**

The total Cash costs reported in columns (b), (d) and (f) must equal the total Cash costs reported on Page 1 Line 12 column (d). The total In-Kind costs reported in columns (c), (e) and (g) must equal the total In-Kind costs reported on Page 1 Line 12 column (d). Column (a) must equal Page 7, Total III C1, column (a).

#### **Line 11 Total Cash & In-kind**

Enter total Cash and In-Kind costs by activity.





## SECTION B - HOME DELIVERED NUTRITION

### COST CATEGORIES

The lines in this section list the allowable cost categories for reporting actual costs for Home Delivered Nutrition. The columns separate the actual costs by Activity (Meals, Program Management, Other and Home Delivery) and by Cash and In-Kind. Cash costs must be reported separately from In-Kind costs for each line item. Report the actual costs for all Home Delivered Nutrition services (direct and contracted) provided by the Area Agency and/or the service providers.

#### Column (a) Actual Costs

Enter actual costs for each cost category.

#### Columns (b) through (i)

Enter actual Cash and In-Kind costs for Meals Activity, Program Management, Other Nutrition Services, and Home Delivery. The totals of these columns must equal totals in column (a).

#### Line 21 Total Costs

The total Cash costs reported in columns (b), (d), (f), and (h) must equal the total Cash costs reported on Page 1 Line 12 column (e). The total In-Kind costs reported in columns (c), (e), (g), and (i) must equal the total In-Kind costs reported on Page 1 Line 12 column (e). Column (a) must equal Page 7, Total III C-2, column (a).

#### Line 22 Total Cash & In-kind

Enter total Cash and In-Kind costs by activity.

### **PAGE 7 - SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

#### **Title III C-1**

Complete this part for all congregate nutrition programs the AAA provided directly and contracted out.

#### Column (a)

Enter the total costs for each program listed.

#### Column (b) through (g)

Enter the actual funding amounts as appropriate for each program listed. Calculate the Federal Share of Costs column (i) by subtracting columns (b) through (h) from column (a).

### **Total Title III C-1**

Enter the total amount for columns (a) through (i).

### **Title III C-2**

Complete this part for all home-delivered nutrition programs the AAA provided directly and contracted out. Instructions for each column are the same as for Title III C-1 above.

### **Title III D**

Complete this part for all Disease Prevention & Health Promotion programs (Nutrition Counseling, Nutrition Education, Disease Prevention & Health Promotion and Medication Management) the AAA provided directly and contracted out. Instructions for each column are the same as for Title III C-1 above.

### **PAGE 8 - SCHEDULE OF CONTRACTED CONGREGATE NUTRITION PROVIDER COSTS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

On this Page report detailed information on individual service providers. Congregate Nutrition contractors should be listed in the far left section of the Page. Include the contract number and NAPIS program (Congregate Meals and/or Nutrition Education) under the Service Provider name. Calculate the Federal Share of costs column (i) by subtracting columns (b) through (h) from column (a).

### **PAGE 9 - SCHEDULE OF CONTRACTED HOME-DELIVERED NUTRITION PROVIDER COSTS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

On this Page report detailed information on individual service providers. Home Delivered Nutrition contractors should be listed in the far left section of the Page. Include the contract number and NAPIS program (Home-Delivered Meals, Nutrition Counseling and/or Nutrition Education) under the Service Provider name. Calculate the Federal Share of costs (column (i) by subtracting columns (b) through (h) from column (a).

### **PAGE 10 - SCHEDULE OF CONTRACTED DISEASE PREVENTION (III D), VII OMBUDSMAN & VII ELDER ABUSE PREVENTION PROVIDERS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

On this Page report detailed information on individual service providers by program. Contractors, contract number, and NAPIS program should be listed in the far left section of the page. Disease Prevention (III D), Title VII Ombudsman, and Title VII Elder Abuse Prevention columns (b) through (h) correspond with Page 2, Lines 1 through 6, columns (f),

(g) and (h) respectively. Calculate the Federal Share of costs column (h) by subtracting columns (b) through (g) from column (a).

## **PAGE 11 - CLOSEOUT FOR FEDERAL ONE-TIME-ONLY**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

### **Fund**

Report the amount of federal one-time-only costs by Supportive Service program, Congregate Nutrition program, Home Delivered Nutrition program, Disease Prevention (III D) program, Title VII Ombudsman program, and Title VII Elder Abuse Prevention program. Report the amount of USDA One-Time-Only funds expended during this fiscal year.

### **Budget Display**

For each program, list the amount of one-time-only federal funds granted. The total should agree with the One-Time-Only amount on the latest Title III Budget Display.

### **Federal Share**

For each program, list the federal share of costs. **The federal share of costs reported here must be incorporated into Pages 1-10 and Page 12 of the Financial Closeout Report as appropriate.**

### **Unexpended Amount**

For each program subtract the Federal Share from the Budget Display and enter the amount.

## **PAGE 12 - FEDERAL SHARE OF COSTS**

**Heading:** Enter the grant period, closeout revision number, grant number, date of the closeout, and the PSA number.

### **Programs**

This is a summary of the figures reported on Pages 1-10 of the closeout report. The information provided here will be used to determine the federal share of costs.

### **Federal Share**

For Lines 1 through 17 (see below), calculate the Federal Share of Costs column (i) by subtracting columns (b) through (h) from column (a).

### **Lines 1 through 4**

Report the actual costs and funding for Title III B Supportive Services. On the appropriate lines report Administration costs, Title III B Ombudsman costs and all other Title III B program costs.

**Lines 5 through 7**

Report the actual costs and funding for Title III C-1 Congregate Nutrition. On the appropriate lines report Administration costs and all other Title III C-1 program costs.

**Lines 8 through 10**

Report the actual costs and funding for Title III C-2 Home Delivered Nutrition. On the appropriate lines report Administration costs and all other Title III C-2 program costs.

**Line 11**

Report the actual costs and funding for Title III D Disease Prevention.

**Line 12**

No longer used.

**Line 13**

Add the amounts reported on Lines 4, 7, 10, 11, and 12 and enter on Line 13. This is the Total Title III costs and funding.

**Line 14**

Report the actual costs and funding for Title VII Ombudsman.

**Line 15**

Report the actual costs and funding for Title VII Elder Abuse Prevention.

**Line 16**

Add the amounts reported on Lines 14 and 15 and enter on Line 16. This is the Total Title VII costs and funding.

**Line 17**

Add the amounts reported on Lines 13 and 16 and enter on Line 17. This is the Total Title III/VII costs and funding.

Title III E Financial Closeout Report

AREA AGENCY ON AGING\_\_\_\_\_

GRANT PERIOD\_\_\_\_\_

☐ ORIGINAL CLOSEOUT

PSA NO:\_\_\_\_\_

☐ REVISION NUMBER:\_\_\_\_\_

DATE:\_\_\_\_\_

I hereby certify to the best of my knowledge and belief that this Title III E Financial Closeout is accurate, current, and discloses the financial results of each project or program funded by this Area Agency on Aging with Older Americans Act Title III E funds and State General Funds.

SIGNATURE OF AREA AGENCY DIRECTOR	PRINTED NAME	DATE
>		
FOR STATE USE ONLY		
AAA-BASED TEAM SPECIALIST	DATE	TEAM COACH
		DATE
>		>





**TITLE III E CLOSEOUT****TITLE III E CLOSEOUT SUMMARY**

CDA 270 (New 7/02) Page 1

**ACTUAL COSTS**

PSA NO.:

GRANT PERIOD:		[ ] ORIGINAL [ ] REVISION NO.:				GRANT NO.:		DATE:
COST CATEGORIES		(a) Total Actual Costs	(b) Area Plan Admin	(c) Service Information	(d) III E Access	(e) Caregiver Support	(f) III E Respite	(g) Supplemental Services
1. Personnel (+)	CASH							
	IN-KIND							
2. Staff Travel (+)	CASH							
	IN-KIND							
3. Staff Training (+)	CASH							
	IN-KIND							
4. Equipment (+)	CASH							
	IN-KIND							
5. Consultants (+)	CASH							
	IN-KIND							
6. Food Costs (+)	CASH							
	IN-KIND							
7. Other Costs (+)	CASH							
	IN-KIND							
8. TOTAL DIRECT AREA	CASH							
	IN-KIND							
AGENCY COSTS (=)	IN-KIND							
9. Indirect or Grantee Allocated Costs (+)	CASH							
	IN-KIND							
10. TOTAL DIRECT & INDIRECT AREA AGENCY COSTS (=)	CASH							
	IN-KIND							
11. Cost of Contracted Services (+)	CASH							
	IN-KIND							
12. TOTAL DIRECT, INDIRECT, & CONTRACTED TITLE III E COSTS (=)	CASH							
	IN-KIND							
13. TOTAL CASH & IN-KIND								

## ACTUAL FUNDING & MATCHING CONTRIBUTIONS

PSA NO.:

DATE:

## BUDGETED FUNDING

FUNDING SOURCES		(a) Total Actual Funding	(b) Area Plan Admin	(c) Service Information	(d) III E Access	(e) Caregiver Support	(f) III E Respite	(g) Supplemental Services
1. Grant Related Income	CASH							
2. Non-Matching Contributions	CASH							
	IN-KIND							
3. State Funds	CASH							
4. Matching Contributions	CASH							
	IN-KIND							
5. Federal Funding Grandparent	CASH							
6. Federal Funding Other	CASH							
7. TOTAL TITLE III E FUNDING	CASH							
	IN-KIND							
8. TOTAL CASH & IN-KIND								

## SECTION B

**COSTS TO BE MATCHED INSTRUCTIONS:**

## MINIMUM MATCHING REQUIREMENTS

**Area Plan Admin Costs to be Matched Calculation:**

Pg 1 col (b) Line 13 minus Pg 2 col (b) Lines 1 through 3

**Total III E Costs to be Matched Calculation:**

Pg 1 Line 13 col (c) + col (d) + col (e) + col (f) + col (g)  
minus Pg 2 Lines 1 through 3 col (c), col (d), col (e), col (f), & col (g)

\*-Minumum % needed to ensure AAAs contribution is 2/3 of required match.

## SECTION C

## SECTION D

## AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS

## LOCAL PUBLIC AGENCIES MATCHING CONTRIBUTIONS

(Local Public Agencies Must Contribute At Least 25% of Total Minimum Match)

Source	Cash	In-Kind	Total	Source	Cash	In-Kind	Total
5. TOTAL				6. TOTAL			





## PSA NO.:

[illegible]

**TITLE III E CLOSEOUT**

CDA 270 (New 7/02) Page 6

## CLOSEOUT FOR TITLE III E FEDERAL ONE-TIME-ONLY\* AND FEDERAL SHARE OF COSTS CALCULATION

PSA NO.:

GRANT PERIOD:				[ ] ORIGINAL [ ] REVISION NO.:		GRANT NO.:		DATE:	
<b>SECTION A</b>				<b>SECTION B</b>					
TITLE III E ONE-TIME-ONLY				FEDERAL SHARE OF COSTS					
Service Category	Budget Display	Federal Share Costs	Unexpended Amount			Area Plan Admin	Total III E Program	Total III E	
Outreach									
Community Education									
Information & Assistance									
Comprehensive Assessment									
Case Management									
Transportation									
Assisted Transportation									
Counseling									
Caregiver Support Group									
Caregiver Training									
III E Respite Care Services									
Minor Home Modification									
Placement									
Homemaker									
Chore									
Home Security and Safety									
Visiting									
Assistive Devices									
Home Delivered Meals									
Legal Assistance									
Income Support/Material Aid									
Translation									
Peer Counseling									
Other:									
Other:									
<b>Total OTO</b>									
				1. Total III E Costs (Page 1 Line 13)		(+)			
				2. Grant Related Income (Page 2 Line 1)		(-)			
				3. Non-Matching Cash Contributions (Page 2 Line 2)		(-)			
				4. Non-Matching In-Kind Contributions (Page 2 Line 2)		(-)			
				5. State Funds (Page 2 Line 3)		(-)			
				6. Matching Cash Contributions (Page 2 Line 4)		(-)			
				7. Matching In-Kind Contributions (Page 2 Line 4)		(-)			
				8. Federal Share of Costs		(=)			

\* - The Federal Share of Costs reported here must be incorporated into Pages 1, 2, 3, 4, 5, & 6 (Section B) of the Title III E Closeout Report as appropriate.

## **Instructions for Preparing the Title III E Financial Closeout Report (CDA 270)**

### **PAGE 1 – ACTUAL COSTS**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

### **COST CATEGORIES**

The lines in this section list the allowable cost categories for reporting actual costs for Title III E programs. The columns separate the actual costs by total, administration, and support services.

#### **Lines 1 through 8**

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, Service Information, Title III E Access, Caregiver Support, Title III E Respite, and Supplemental Services.

#### **Line 9 Indirect or Grantee Allocated Costs**

Enter the amount of indirect costs allocated to each column. Indirect costs are limited to 8% of Total Direct Area Agency cash costs. Indirect costs must be supported by an approved indirect cost rate. Indirect costs in excess of 8% may be reported as in-kind and used to meet the matching requirements.

#### **Line 10 Total Direct & Indirect Area Agency Costs**

Add the amounts on Line 8 to the amounts on Line 9 and enter the Total Direct and Indirect Area Agency Costs, separating cash from in-kind.

#### **Line 11 Cost of Contracted Services**

Enter the total cost of contracted services.

#### **Line 12 Total Direct, Indirect, & Contracted Title III E Costs**

Add the amounts on Line 10 to the amounts on Line 11, and enter the Total Direct, Indirect, and Contracted Title III E Costs, separating cash from in-kind.

### **Line 13 Total Cash & In-Kind**

Add the cash and in-kind amounts reported on Line 12, and enter the total cash & in-kind for each of the columns (a) through (g).

## **PAGE 2 – ACTUAL FUNDING & MATCHING CONTRIBUTIONS**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

### **SECTION A - FUNDING SOURCES**

The lines in this section list the allowable sources of funding which may be used to cover the actual costs on Page 1. The columns separate the actual funding by total, administration, and support services. In-kind costs on Page 1 must equal in-kind funding on Page 2, by column.

#### **Line 1 Grant Related Income**

Enter on this line in the appropriate column the amount of income generated as a result of a Title III E service. Do not include interest earned on grant funds.

#### **Line 2 Non-Matching Contributions**

Enter on this line local funding that does not qualify as matching contributions and/or is not being reported as matching contributions (e.g., Title V, Title XX, over match.) Include interest earned on grant funds.

#### **Line 3 State Funds**

Enter on this line the amount of State funding from General Funds. The amount reported cannot exceed the amount allocated on the latest Title III E Budget Display.

#### **Line 4 Matching Contributions**

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing funds. Include cash and/or in-kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant related income.



### **Line 5 Federal Funding Grandparent**

Enter on this line in the appropriate column the Title III E federal funds received for Grandparent and other relative caregivers. Section 373 (g)(2)(C) of the OAA limits expenditures to no more than 10% of the federal and non-federal share to provide support services to grandparents and older individuals who are relative givers. The maximum amount limitation is identified on the Title III E Budget Display. The amount reported on Line 5 cannot exceed the amount identified on the latest Title III E Budget Display.

### **Line 6 Federal Funding Other**

Enter on this line in the appropriate column the Title III E federal funds received for all other caregivers (do not include Grandparent).

### **Line 7 Total Title III E Funding**

Add the amounts on Lines 1 through 6 and enter the total Title III E funding, separating cash from in-kind.

### **Line 8 Total Cash and In-kind**

Add the cash and in-kind amounts on Line 7 and enter the total cash & in-kind for each of the columns (a) through (g).

## **SECTION B - MINIMUM MATCHING REQUIREMENTS**

In this section calculate the minimum matching requirements for Area Plan Administration and Title III E Support Services.

**Area Plan Admin:** To calculate the minimum matching requirement for Area Plan Admin use the following formula:

### **Line 1 Costs to be matched**

Page 1 column (b) Line 13 minus Page 2 column (b) Lines 1 through 3.

**Title III E Support Services:** To calculate the minimum matching requirement for Title III E Support Services use the following formula:

### **Line 1 Costs to be matched**

Page 1 Line 13 column (c) plus column (d) plus column (e) plus column (f) plus column (g), minus Page 2 Lines 1 through 3 column (c), column (d), column (e), column (f), and column (g).

### **Line 3 Minimum Required Match**

Multiply Line 1 times Line 2 and enter the amount on Line 3 for column (a) and column (b). Add column (a) to column (b) and enter the total in column (c).

### **Line 4 Required Local Public Agencies Matching Contributions**

Multiply the Total column (c) on Line 3 by 25%. This is the minimum amount of local match that must be provided by local public agencies. Local public agencies include Cities, Counties, and Municipalities.

## **SECTION C - AREA PLAN ADMINISTRATION MATCHING CONTRIBUTIONS**

List the agencies contributing matching funds to the Area Agency for its own administration. Provide a breakdown between cash & in-kind funding.

## **SECTION D - LOCAL PUBLIC AGENCIES**

List the local public agencies contributing matching funds to satisfy the requirement in Section B above. Provide a breakdown between cash & in-kind. List agencies providing funding to the Area Agency and/or service providers. Local public agencies providing matching contributions for Area Plan Administration may be listed in both Section C and Section D.

## **PAGE 3 - SCHEDULE OF DIRECT CAREGIVER SUPPORT SERVICES (III E)**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FC 0102-34).

### **SERVICE CATEGORIES**

Complete this part for all Title III E services the Area Agency provides as a direct service. This page is divided into the five support services identified in the OAA Amendments of 2000. Within each support service, allowable service categories are listed.

**Total Service Information:** In column (a), enter the total actual costs for Outreach and Community Education. In columns (b) through (g), enter the actual funding received for Outreach and Community Education. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Outreach and Community Education.

**Total III E Access:** In column (a), enter the total actual costs for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. In columns (b) through (g) enter the actual funding received for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation.

**Total Caregiver Support:** In column (a), enter the total actual costs for Counseling, Caregiver Support Group, and Caregiver Training. In columns (b) through (g) enter the total actual funding received for Counseling, Caregiver Support Group, and Caregiver Training. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Counseling, Caregiver Support Group, and Caregiver Training.

**Title III E Respite Care Services:** In column (a), enter the total actual costs for Title III E Respite Care Services. In columns (b) through (g) enter the total actual funding received for Title III E Respite Care Services. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Title III E Respite Care Services.

**Total Supplemental Services:** In column (a), enter the total actual costs for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA). In columns (b) through (g) enter the total actual funding received for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Other (requires prior approval from CDA). Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Other (requires prior approval from CDA).

#### **PAGE 4 - SCHEDULE OF CONTRACTED CAREGIVER SUPPORT SERVICES (III E)**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FF 0102-34).

#### **SERVICE CATEGORIES**

Complete this part for all Title III E services the Area Agency contracts out. This page is divided into the five support services identified in the OAA Amendments of 2000. Within

each support service, allowable service categories are listed.

**Total Service Information:** In column (a) enter the total actual costs for Outreach and Community Education. In columns (b) through (g) enter the actual funding received for Outreach and Community Education. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Outreach and Community Education.

**Total III E Access:** In column (a) enter the total actual costs for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. In columns (b) through (g) enter the actual funding received for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Information & Assistance, Comprehensive Assessment, Case Management, Transportation, and Assisted Transportation.

**Total Caregiver Support:** In column (a) enter the total actual costs for Counseling, Caregiver Support Group, and Caregiver Training. In columns (b) through (g) enter the total actual funding received for Counseling, Caregiver Support Group, and Caregiver Training. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Counseling, Caregiver Support Group, and Caregiver Training.

**Title III E Respite Care Services:** In column (a) enter the total actual costs for Title III E Respite Care Services. In columns (b) through (g) enter the total actual funding received for Title III E Respite Care Services. Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Title III E Respite Care Services.

**Total Supplemental Services:** In column (a) enter the total actual costs for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, & Other (requires prior approval from CDA). In columns (b) through (g) enter the total actual funding received for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Other (requires prior approval from CDA). Subtract columns (b) through (g) from column (a) and enter the amount in column (h) Federal Share for Minor Home Modification, Placement, Homemaker, Chore, Home Security and Safety, Visiting, Assistive Devices, Home Delivered Meals, Legal Assistance, Income Support/Material Aid, Translation, Peer Counseling, & Other (requires prior approval from CDA).

## **PAGE 5 - SCHEDULE OF CAREGIVER SUPPORT SERVICES (III E)** **CONTRACTORS**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number

(e.g., FF 0102-34).

On this page, provide actual cost and funding information for individual service providers. Title III E service providers and contract numbers should be listed in the far-left section of the page. Enter the service provided. Columns (a) through (h) on page 5 correspond with columns (a) through (h) on page 4. The Total III E Contracted Services line on page 5 must agree with the Total III E Contracted Services line on page 4.

## **PAGE 6 CLOSEOUT FOR TITLE III E FEDERAL ONE-TIME-ONLY AND FEDERAL SHARE OF COSTS CALCULATION**

**Heading:** Enter the grant period, revision number, grant number, date of the closeout, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FF 0102-34).

### **SECTION A - TITLE III E ONE-TIME-ONLY**

**Budget Display:** Report the amount of federal OTO funds allocated to each Title III E Service Category. The Total OTO must agree with the OTO amount on the latest Title III E Budget Display.

**Federal Share of Costs:** For each Title III E Service Category, report the actual amount of federal OTO expended. **The federal share of costs reported here must be incorporated into Pages 1, 2, 3, 4, 5, & 6 (Section B) as appropriate.**

**Unexpended Amount:** For each Service Category, subtract the federal share of costs from the budget display column and enter the amount.

### **SECTION - B FEDERAL SHARE OF COSTS**

This section is a summary of the figures reported on Page 1 and Page 2 of the Title III E Closeout. The information reported here will be used to determine the amount of federal funds earned for the grant period.

#### **Line 1 Total III E Costs**

For Area Plan Admin, enter the amount from Page 1 Line 13 column (b). For Title III E Program, add the amounts from Page 1 Line 13 columns (c) through (g), and enter the total.

#### **Line 2 Grant Related Income**

For Title III E Program, add the amounts from Page 2 Line 1 columns (c) through (g), and enter the total. (Area Plan Admin does not generate any Grant Related

Income.)

### **Line 3 Non-Matching Cash Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 2 CASH column (b). For Title III E Program, add the amounts from Page 2 Line 2 CASH columns (c) through (g), and enter the total.

### **Line 4 Non-Matching In-Kind Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 2 IN-KIND column (b). For Title III E Program, add the amounts from Page 2 Line 2 IN-KIND columns (c) through (g), and enter the total.

### **Line 5 State Funds (if applicable)**

For Title III E Program, add the amounts from Page 2 Line 3 columns (c) through (g), and enter the total.

### **Line 6 Matching Cash Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 4 CASH column (b). For Title III E Program, add the amounts from Page 2 Line 4 CASH columns (c) through (g), and enter the total.

### **Line 7 Matching In-Kind Contributions**

For Area Plan Admin, enter the amount from Page 2 Line 4 IN-KIND column (b). For Title III E Program, add the amounts from Page 2 Line 4 IN-KIND columns (c) through (g), and enter the total.

### **Line 8 Federal Share of Costs**

For Area Plan Admin, subtract Lines 2 through 7 from Line 1 and enter the amount in the Area Plan Admin column. For Title III E Program, subtract Lines 2 through 7 from Line 1 and enter the amount in the Total III E Program column.